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FEB 27 2006

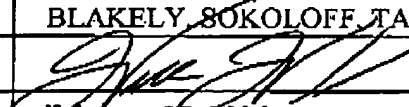
PAGE 1/13 * RCVD AT 2/27/2006 5:09:13 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/2 * DNIS:2738300 * CSID:7145573347 * DURATION (mm-ss):03-42


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/685,947
		Filing Date	October 15, 2003
		First Named Inventor	Tal I. Lavian
		Art Unit	2664
		Examiner Name	Wellington Chin
Total Number of Pages in This Submission	12	Attorney Docket Number	82771P347C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 27, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	February 27, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 11/30/2005.
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Application Number 10/685,947
Filing Date October 15, 2003
First Named Inventor Tal I. Lavian
Examiner Name Wellington Chin
Art Unit 2664
Attorney Docket No. 82771P347C

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	0	\$0.00	\$0.00
6	0	200.00	\$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code (f)	Fee Code (s)	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple Dependent claim, if not paid	
1204 780	2204 395	**Rescued independent claims over original patent	
1205 300	2205 150	**Rescued claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

***or number previously paid, if greater. For Rescues, see below*

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (f)	Fee Code (s)		
1001 130	2051 65	Surcharge - late filing fee or oath	
1002 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2063 130	2063 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,500	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to Institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 780	1809 395	Filing a submission after final rejection (37 CFR § 1.120(e))	
1810 780	2810 395	For each additional invention to be examined (37 CFR § 1.120(b))	
SUBTOTAL (2)		(\$)	

Other fee (specify)

SUBMITTED BY

Name (Print/Type) William W. Schaal

Registration No. (Attorney/Agent)

39,018

Telephone

(714) 557-3800

Signature

Date

02/27/06

Based on PTO/58/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/10/2004
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number 10/685,947
Filing Date October 15, 2003
First Named Inventor Tal I. Lavian
Examiner Name Wellington Chin
Art Unit 2664
Attorney Docket No. 82771P347C

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☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	24	0	\$0.00
Independent Claims	6	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claim, if not paid
1204 780	2204 395	*Reissue Independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
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1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(g)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature		Date	02/27/06		

Complete (if applicable)

Based on PTO/SB/17 (12-64) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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Appl. No. 10/685,947
Amdt. Dated 10/15/2003
Reply to Office Action of 01/27/2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.	:	10/685,947	Confirmation No. 7652
Applicant	:	Tal I. Lavian	
Filed	:	10/15/2003	
TC/A.U.	:	266	
Examiner	:	Wellington Chin	
Docket No.	:	082771.P347C	
Customer No.	:	8791	

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of January 27, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 9 of this paper.